

**CITY OF MOUNTAIN VIEW  
FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT  
500 Castro Street  
P.O. Box 7540  
Mountain View, CA 94039-7540**

**UTILITY USERS TAX**

Company Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

For the Collection Period: \_\_\_\_\_ — \_\_\_\_\_

Due Date: On or before the last day of the month following the collection period above.

Type of Utility: \_\_\_\_\_

Gross Taxable Revenue: \_\_\_\_\_

Net Taxable Revenue: \_\_\_\_\_

Tax Rate: \_\_\_\_\_ 3% \_\_\_\_\_

Net Tax Due: \_\_\_\_\_

I hereby certify that the information as stated above is, to the best of my knowledge,  
true and correct.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date